ERICSA 62ND ANNUAL TRAINING CONFERENCE & EXPOSITION

MAY 18–22, 2025

NORFOLK

VIRGINIA

Maximizing Federal Parent Locator Service (FPLS) and Social Security Administration (SSA) Data

Lisa Ellington and Courtney Garnand
FPLS Support, OCSS Division of Federal Systems

Agenda

- Federal Case Registry (FCR) and SSNs
- SSN Verification Process and Validity Codes
- State Verification and Exchange System (SVES)
- SVES Elections
- Resources

Federal Case Registry (FCR) and SSNs

What is the FCR?

- Includes reported cases and participants from all states and territories
- Contains IV-D and non-IV-D cases
- Serves as a pointer to help locate persons across state lines
- Serves as the conduit for matching with external partners

FCR

Case Information

- Case ID
- Case Type
- Order Indicator
- County Code

Participant Information

- Name
- SSN
- Date of Birth
- Participant Type Code
- Member ID
- Sex Code
- Family Violence Indicator (FVI)
- Date of Death

Why a Verified SSN Matters to You

- Ensures you identify and act on the correct person
- Allows you to receive information from federal and other locate sources

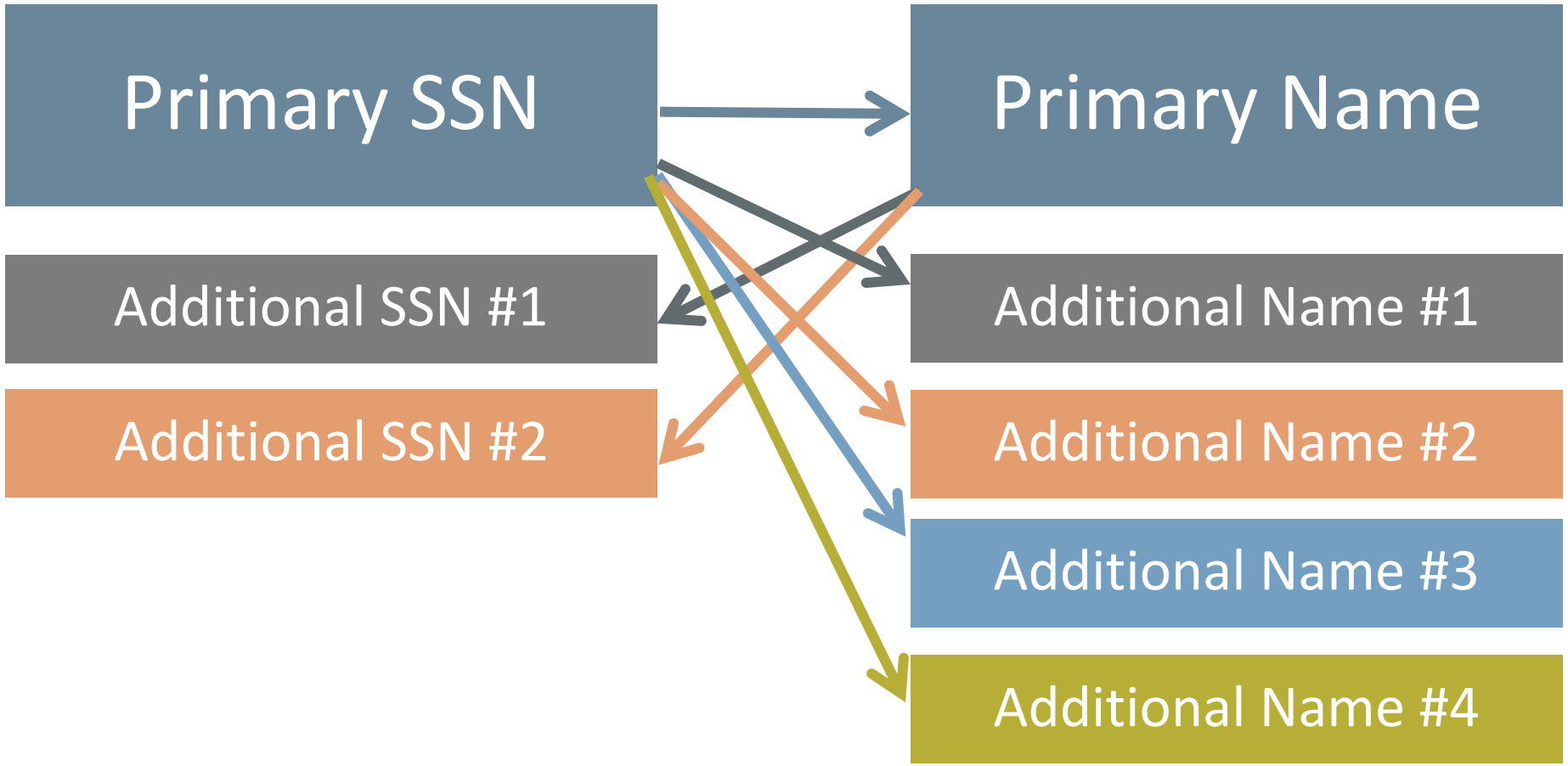
Information can only be returned when an SSN has been verified.

SSN Verification Process and Validity Codes

Provide Participant Information

- First, middle, & last name
- SSN
- DOB
- City and state or country of birth
- Sex code
- Father's first & last name
- Mother's first & maiden name
- Joint tax filer's SSN

More Than One SSN or Name Submitted



More Than One SSN and Name Verifies

- We notify you if SSA issued more than one SSN to your participant
- We store up to three Multiple SSNs on the FCR and use them for proactive matching
- Locate information may be sent related to any of the multiple SSNs

SSN Validity Codes

The FCR sends a validity code in the SSN verification response. The codes tell you how the SSN was verified and if you need to update your system with information we provide.

V	**V**erified
C	**C**orrected
N	**N**ame Match
P	**P**rovided
E	Used **E**SKARI
U*	**U**nverified

SSN Validity Codes (cont'd)

V	Verified
C	
N	
P	
E	
U*	

SSN and name combination verified as submitted:

- Exact SSN submitted by state
- Name is within verification tolerance
- DOB is within tolerance or will be provided by SSA
- Sex Code may be ignored if everything else matches

SSN Validity Codes (cont'd)

V

C **C**orrected

N

P

E

U*

SSA corrected the submitted SSN:

- SSN and name submitted did not match and SSN correction routines were used
- First four letters of first name and first seven letters of last name are exact match
- DOB is within tolerance
- Sex Code matches, if provided

SSN Validity Codes (cont'd)

V

C

N **N**ame match

P

E

U*

SSA found a probable name match:

- SSA could not verify submitted SSN and name combination and SSA name routines identify a probable match to submitted SSN
  - Nickname
  - Alternate spelling
  - Misspelling
- Review to update participant record with name provided

SSN Validity Codes (cont'd)

V

C

N

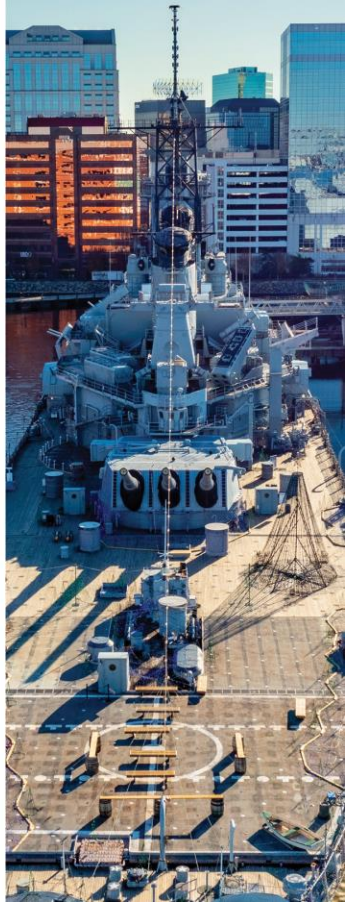
P **P**rovided

E

U*

SSA used additional person data to verify or find an SSN:

- SSN and name submitted do not match or SSN was not submitted, but SSA identified a single SSN using
  - Name and DOB, within tolerance
  - State or Country of Birth
  - Sex Code
- We find an SSN using name and joint tax filer's SSN



SSN Validity Codes (cont'd)

V

C

N

P

E **E**SKARI

U*

SSA used additional birth data to verify or find an SSN:

- State must submit participant's name, DOB, sex code, state or country of birth, and at least two of the following
  - Participant's father's first and last name
  - Participant's mother's first and maiden name
  - City of birth

SSN Validity Codes (cont'd)

V

C

N

P

E

U* **U**nverified

SSA could not verify or correct the SSN submitted or find an SSN using the data submitted:

- Participant registered on FCR with unverified SSN
- FCR automatically resubmits unverified primary SSN and name through SSA's verification process
  - Every 90 days
  - When you update key demographic information

SSN Validity Codes (cont'd)

REJCT

SSA could not identify an SSN for the participant, and we could not register them on the FCR as unverified:

- Request did not include required data elements for verification process
- The submitted SSN is invalid
  - All sixes, nines, or zeroes
  - Fewer than nine digits
- You did not provide an SSN

State Verification and Exchange System (SVES)

SVES Data Exchange

Title II	Aged, Retired, Survivor, and Disabled
Title XVI	Supplemental Security Income
Prisoner	SSA Incentive Payment Program

SVES – Title II

- Provides information on all participant types:
- Retirement
- Social Security Disability Insurance (SSDI)
- Survivor benefits
- Includes children receiving auxiliary benefits
- Qualifies for withholding

SVES – Title II Response

- District Office Address
- Date of Birth

The information on these pages is intended for demonstration purposes only and does not contain personally identifiable or sensitive information

Report ID: LSVEST-IIVD
Report Date: 03/11/2025
*** **Sensitive Information** ***

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Services

State Verification and Exchange System (SVES)
Title II

Request Information

Participant Information

Participant Name:	BING, CHANDLER	**Participant SSN:**	444-11-4444
Case ID:	NY3456789	**Member ID:**	NY123456

SSA Response

Returned Name: BING, CHANDLER

District Office Information

Name: SOCIAL SECURITY

Address: SUITE 100
301 MCKINLEY AVE SW
CANTON, OH 44702-1736

Claimant Information

Name:	CHANDLER BING	**Sex:**	Male
Address:	1295 FAIRLAWN ST TIXII LOUISVILLE, OH 44641-2423		
Date of Birth:	12/18/1998	**Date of Death:**	07/17/2006

Claim Information

Category of Assistance:	Income Maintenance	**Initial Entitlement Date:**	01/2004
Response State/County Code:	39/041	**Deferred Payment Date:**	08/2005
Disability Onset Date:	12/15/1998	**Current Entitlement Date:**	01/2005
Net Monthly Benefit Amount:	$1,234.56	**Termination/Suspension Date:**	06/2005
Claim Account Number:	111000111	**Beneficiary ID:**	Primary claimant
Ledger Account File (LAF):	Denied claim		
Health Insurance Option:	Supplemental insurance (Part B) is payable		
Health Insurance Start Date:	01/2001	**Health Insurance End Date:**	01/2006
Supplemental Medical Insurance (SMI) Option:	Yes (Good cause)		

SVES – Title II Response

- Disability Onset Date
- Initial Entitlement Date
- Deferred Payment Date
- Current Entitlement Date
- Termination/Suspension Date
- Claim Account Number (CAN)
- Beneficiary ID (BIC)
- Ledger Account File (LAF)
- Net Monthly Benefit

The information on these pages is intended for demonstration purposes only and does not contain personally identifiable or sensitive information

Report ID: LSVEST-IIVD
Report Date: 03/11/2025
*** **Sensitive Information** ***

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Services

State Verification and Exchange System (SVES)
Title II

Request Information

Participant Information

Participant Name:	BING, CHANDLER	**Participant SSN:**	444-11-4444
Case ID:	NY3456789	**Member ID:**	NY123456

SSA Response

Returned Name:	BING, CHANDLER

District Office Information

Name:	SOCIAL SECURITY	**Address:**	SUITE 100 301 MCKINLEY AVE SW CANTON, OH 44702-1736

Claimant Information

Name:	CHANDLER BING	**Sex:**	Male
Address:	1295 FAIRLAWN ST TIXII LOUISVILLE, OH 44641-2423		
Date of Birth:	12/18/1998	**Date of Death:**	07/17/2006

Claim Information

Category of Assistance:	Income Maintenance	**Initial Entitlement Date:**	01/2004
Response State/County Code:	39/041	**Deferred Payment Date:**	08/2005
Disability Onset Date:	12/15/1998	**Current Entitlement Date:**	01/2005
Net Monthly Benefit Amount:	$1,234.56	**Termination/Suspension Date:**	06/2005
Claim Account Number:	111000111	**Beneficiary ID:**	Primary claimant
Ledger Account File (LAF):	Denied claim		

Health Insurance Option:	Supplemental insurance (Part B) is payable		
Health Insurance Start Date:	01/2001	**Health Insurance End Date:**	01/2006
Supplemental Medical Insurance (SMI) Option:	Yes (Good cause)		

SVES – Title II Response (cont'd)

- Monthly Benefit Credited Entries

Report ID: LSVEST-IIVD
Report Date: 03/11/2025
*** **Sensitive Information** ***

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Services

State Verification and Exchange System (SVES)
Title II

SMI Start Date: 02/2002 **SMI End Date:** 02/2006

Railroad Indicator: Active claim **Black Lung Entitlement:** Entitled
Direct Deposit Indicator: Checking **Black Lung Amount:** $123.45

Monthly Benefit Credited Entries: 8

MBC Date	MBC Amount	MBC Type
01/2005	$1,234.01	Benefits not paid (not credited), due to delayed/pending or suspense
02/2005	$1,234.02	Benefits not paid (not credited), due to delayed/pending or suspense
03/2005	$1,234.03	Benefits not paid (not credited), due to delayed/pending or suspense
04/2005	$1,234.04	Benefits not paid (not credited), due to delayed/pending or suspense
05/2005	$1,234.05	Benefits Paid (Credited)
06/2005	$1,234.06	Benefits Paid (Credited)
07/2005	$1,234.07	Benefits Paid (Credited)
08/2005	$1	

Note: Only shows when the payment amounts changed

Page 2 of 2

The information on these pages is intended for demonstration purposes only and does not contain personally identifiable or sensitive information

SVES – Title II Pending

- Provides information when someone applies for Title II disability or retirement benefits
- Returns matches on new or changed claims if participant
- Is in an open IV-D case
- Has a verified SSN
- Has no FVI
- Matches on all participant types
- Allows advance income withholding order

SVES – Title XVI

- Provides information on noncustodial parents (NCPs), putative fathers (PFs), and custodial parties (CPs) receiving Supplemental Security Income (SSI)
- Title XVI is a needs-based public assistance program
- Title XVI cannot be withheld for child support
- OCSS adds Title XVI eligibility and termination date information to Multistate Financial Institution Data Match (MSFIDM) records to help states avoid seizing Title XVI benefits

SVES – Title XVI Response

- Payee Type
- Payee District Office
- Address Information
- Date of Birth
- Death Source

The information on these pages is intended for demonstration purposes only and does not contain personally identifiable or sensitive information

Report ID: LSVEST-XVIIVD
Report Date: 03/11/2025
*** **Sensitive Information** ***

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Services

State Verification and Exchange System (SVES)
Title XVI

Request Information

Participant Information

Participant Name:	BING, CHANDLER	**Participant SSN:**	444-11-4444
Case ID:	NY3456789	**Member ID:**	NY123456

SSA Response

Returned Name:	BING, CHANDLER

Payee Information

Name:	CHANDLER BING	**Payee Type:**	Beneficiary is own payee
Payee State/County:	39/041	**Payee District Office:**	390
Address:	815 N 6TH AVE APT 614 STEUBENVILLE, OH 43952-1839	**Address Validation Information:**	Address corrected Corrected ZIP code Bad unit number

Recipient Information

Name:	BING, CHANDLER	**Date of Birth:**	12/18/1998
Address:	HAVEN OF REST MISSION 175 E MARKET ST TIXVI AKRON, OH 44308-2011		
Race:	White	**Date of Death:**	09/06/1998
Sex:	Male	**Death Source:**	
Recipient Type:	Disabled Individual	**Recipient Phone:**	740-284-1176
Disability/Blindness Onset Date:	02/26/1999	**Competency:**	Recipient is competent and the payee is the legal guardian
Custody:	Natural, adopted or stepchild (as payee for a parent)	**Establishment Date:**	03/22/1999
Appeal:	Hearing	**Appeal Date:**	09/11/2001
Denial Date:	10/24/2001	**Date of Eligibility:**	02/1999
Redetermination Date:	07/10/2000	**Third Party Insurance Indicator:**	
Representative Payee Indicator:	There is not a representative payee	**Payment Status:**	Current Pay
Payment Status Date:	01/1999	**Direct Deposit Indicator:**	None
Current Payment Status:	Current Pay		

SVES – Title XVI Response (cont'd)

- Payment History

Report ID: LSVEST-XVIIVD
Report Date: 03/11/2025
*** **Sensitive Information** ***

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Services

State Verification and Exchange System (SVES)
Title XVI

Income and Resource Information

Estimated Self Employment Amount:	$4,321.00	**Earned Income - Net Countable Amount:**	$111.90
Unearned Income - Net Countable Amount:	-$222.00	**House Resource:**	None
Vehicle Resource:	Vehicle either over or under limit	**Insurance Resource:**	None
Property Resource:	None	**Other Resource:**	None

Payment History (up to 8 entries)

Date	Monthly SSI Amount	Payment Type
02/01/2002	$545.00	Recurring payment dated the first of the month
01/01/2002	$363.34	Recurring payment dated the first of the month
12/01/2001	$354.00	Recurring payment dated the first of the month
11/16/2001	$9.00	Regular daily payment (underpayment)
09/01/2001	$55.55	No payment made
08/01/2001	$531.00	Recurring payment returned by Treasury only
07/02/2001	$9.00	Regular daily payment (underpayment) returned by Treasury only
05/01/2001	$530.00	Recurring payment dated the first of the month

Unearned Income (up to 9 entries)

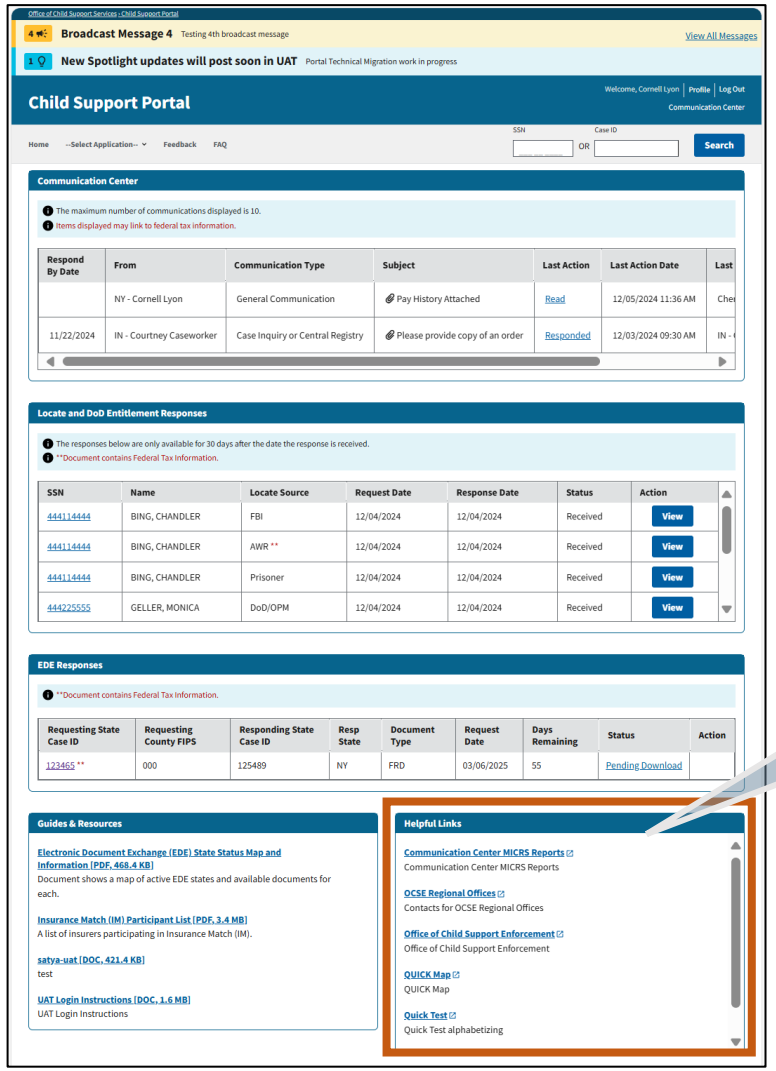
Type	Verification	Start	Stop
Social Security	Number has been verified, amount has not been verified	01/2000	06/2000
Social Security	Number has been verified, amount has not been verified	07/2000	12/2000
Social Security	Number has been verified, amount has not been verified	01/2001	06/2001
Social Security	Number has been verified, amount has not been verified	07/2001	12/2001
Social Security	Number has been verified, amount has not been verified	01/2002	06/2002
Social Security	Number has been verified, amount has not been verified	07/2002	12/2002
Social Security	Number has been verified, amount has not been verified	01/2003	06/2003
Social Security	Number has been verified, amount has not been verified	07/2003	12/2003
Social Security	Number has been verified, amount has not been verified	01/2004	06/2004

The information on these pages is intended for demonstration purposes only and does not contain personally identifiable or sensitive information

SVES – Prisoner

- SSA Incentive Payment Program for Prisoner Reporting helps to reduce SSA fraud
- Federal, state, and local correctional institutions report information to SSA
- Information may be used for order review and establishment
- Contact facility for current status of participant

Departments of Corrections Information



Links to Department of Corrections websites by State:
[State Departments of Corrections | USAGov]

The information on these pages is intended for demonstration purposes only and does not contain personally identifiable or sensitive information

SVES – Prisoner Response

- Date of Birth
- Date Reported
- Confinement Date
- Prisoner ID Number
- Release Date

The information on these pages is intended for demonstration purposes only and does not contain personally identifiable or sensitive information

Report ID: LSVESPRIVD
Report Date: 03/11/2025
*** **Sensitive Information** ***

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Services

State Verification and Exchange System (SVES)
Prisoner

Request Information

Participant Information

Participant Name:	BING, CHANDLER	**Participant SSN:**	444-11-4444
Case ID:	NY3456789	**Member ID:**	NY123456

SSA Response

Returned Name: BING, , CHANDLER

Prisoner Information

Facility Reported SSN:	444-11-4444	**Date of Birth:**	12/18/1998
Date Reported:	02/02/2024	**Sex:**	Female
Confinement Date:	10/10/2008	**Prisoner ID No:**	XYZ345689
Release Date:	10/10/2009		

Facility Information

Name:	STATE PRISON	**Facility Type:**	Federal Correctional Institute
Facility Contact Name:	DOWNTOWN RECORDS- SEE QRI3 SCREEN	**Phone:**	860-292-3486
Facility Report Source:	NEW JERSEY DEPARTMENT OF CORRECTIONS	**Fax:**	860-292-3453
Address:	456 NORWICH MORRISPLAIN NEWMARKET, NJ 12345-0000	**Address Validation Information:**	Undeliverable address Non-determined city name Street name is not found in the city

SVES – Prisoner Response (cont'd)

- Prison/Facility Type
- Address Information (Facility)
- Prison/Facility Contact Name
- Prison/Facility Report Source
- Phone and Fax

The information on these pages is intended for demonstration purposes only and does not contain personally identifiable or sensitive information

Report ID: LSVESPRIVD
Report Date: 03/12/2024
*** Sensitive Information ***

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Services

State Verification and Exchange System (SVES)
Prisoner

Request Information

Participant Information

Participant Name:	JONES, WILLIAM J	**Participant SSN:**	999-XX-9999
Case ID:	123456789	**Member ID:**	1234567890

SSA Response

Returned Name:	JONES, WILLIAM J

Prisoner Information

Facility Reported SSN:	999-XX-9999	**Date of Birth:**	05/17/1995
Date Reported:	11/14/2022	**Gender:**	Male
Confinement Date:	10/10/2022	**Prisoner ID No:**	
Release Date:	10/10/2025		

Facility Information

Name:	CORRIGAN CORRECTIONAL INSTITUTE	**Facility Type:**	Detention Center
Facility Contact Name:	CENTRAL RECORDS- SEE QRI3 SCREEN	**Phone:**	555-555-5555
Facility Report Source:	CONNECTICUT DEPARTMENT OF CORRECTIONS	**Fax:**	555-555-5555
Address:	986 NORWICH NEW LONDON TNPK UNCASVILLE, CT 06382-0000	**Address Validation Information:**	Undeliverable address Street name is not found in the city House number is out of range for street

Page 1 of 1

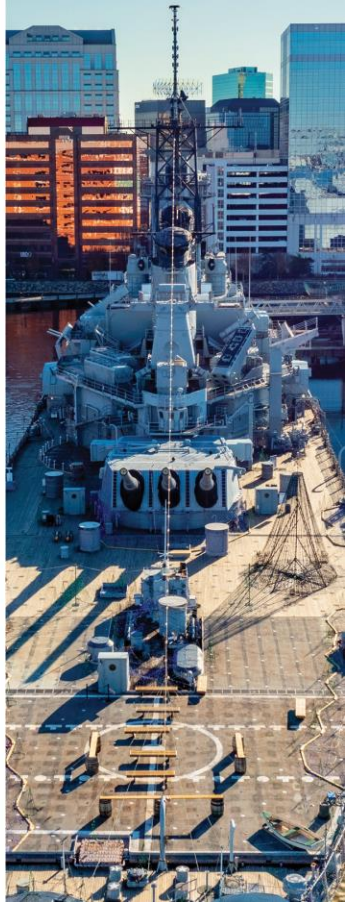
SVES Elections

SVES Elections – Proactive Match

- Provides information on participants who receive, previously received, or were denied Social Security benefits
- OCSS initiates a proactive locate request when a state submits add or change transactions to FCR
- Returns only positive match responses
- Receive information faster for timely case processing

SVES Elections – Sweeps

- States may request an on-demand sweep of participants against SSA SVES files
- Ensures state has the most current participant information from SSA
- Must have elected to receive SVES proactive matches to request a sweep
- Sweep is limited to participant types selected for proactive matching



SVES Sweep Benefits

Title II	Review for modification, adjustment for child auxiliary benefits, or possible closure
Title XVI	Review for possible closure when an NCP's sole income comes from Title XVI alone or in conjunction with Title II
Prisoner	Meets requirements of the federal rule to automatically start a review or inform parties of their right to request a review when NCP will be incarcerated for at least 180 days

Resources

Resources on the Portal

FCR Interface Guidance Document (IGD)	Technical guide to the FCR
Social Security Office Locator	Find the local SSA field office for a case by entering the NCP's ZIP code.
Department of Corrections (DOC) Websites by State	Links to Departments of Corrections for information about state prisons and incarcerated individuals in these facilities
FCR Data Election Guide	Forms to request or change state FCR options
SSA Publication 05-10002	SSA brochure 'Your Social Security Number and Card'
SSA Data Desk Reference	Helpful information for users working with SSA data

FPLS Support

- Email: FPLSSupport@acf.hhs.gov
- Communication Center: FPLS Support